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## MULTIPLE DEPENDENT CLAIM Filing Dale FEE CALCULATION SHEET Substitute for Form PTQ-1860 Applicant(s) . May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AFTER SECOND Indep Depend Indep Depend Indep Depend Depend Indep Depand hdep Depend .68 72 78 74 75 76 81 88 84 86 85 66 38 87 39 40 69 90 91 92 93 94 95 45 86 97 40 88 89 100 50 Total Indep Total Indep Depend Total Depend Tolei Slaims

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**Claims**